	05/08/2005			NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	1	
KON DAIL.	03/00/2003			ECKWRITE DATE: 05/10/2005				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	191	211	CLIENT ID NUMBER DOES NOT MATC				
	H/DD/SAS			H PATIENT NAME				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	246	261	15
				DATE				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		0.4	0.57					
3404904	WESTERN HIGHLAN	21	357	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8599	230	DETAIL NOT COVERED BY COMBINAT	31	1128	11332	10204
				ION OF RECIPIENT, PROVIDER AND		2220	22332	
				BENEFIT PACKAGE.				
		0.505						
<b></b>		8505	228	CLAIM DENIED DUE TO INSUFFICIE				
<b> </b>				NT BUDGET	-			
				1	<del> </del>			
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
<b> </b>		0	0		0	0	0	0
3404910		8599	514	DETAIL NOT COVERED BY COMBINAT				
3404910	PATHWAYS	0333	314	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
Ì								
		8329	113	CLAIM DENIED ATTENDING PROVIDE	5	960	5105	4126
				R CANNOT BE THE SAME AS				
				THE LMA				
		0505	104	CLAY DENIED DIE TO THE TOTAL				
1		8505	104	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
1				11 202021				
3404912	CATAWBA COUNTYM	8599	255	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
ļ		0004	0.0					
<b> </b>		8931	93	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	100	429	2284	1855
<del>                                     </del>					<del>                                     </del>			
			<b> </b>	<u> </u>				
		191	40	CLIENT ID NUMBER DOES NOT MATC	1			
				H PATIENT NAME				
2404012		24	11714	DAINT TOTAL OF STATE SYSTEM	ļ			
3404913	MECKLENBURG COM ENTAL HEALT	21	11714	DUPLICATE OF CLAIM-SYSTEM	-			
i		1		-	1			
	ENIAL REALI					1		
	BNIAD READ!							
	ENTAD HEAD!	191	4370	CLIENT ID NUMBER DOES NOT MATC	2413	21200	24303	3103
	ENTAL REALI	191	4370	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2413	21200	24303	3103
	BATAL REALI	191	4370		2413	21200	24303	3103
	ENTAL REALI			H PATIENT NAME	2413	21200	24303	3103
	ENIAL BEALL	191	4370	H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE	2413	21200	24303	3103
	ENTAL BEALL			H PATIENT NAME	2413	21200	24303	3103
	INTAL BOOK			H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE	2413	21200	24303	3103
3404916		11		H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE	2413	21200	24303	3103
3404916	CROSSROADS BENA			H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE	2413	21200	24303	3103
3404916		11		H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT NOT ELIGIBLE ON SERVICE	2413	21200	24303	3103
3404916	CROSSROADS BENA	11		H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT NOT ELIGIBLE ON SERVICE  DATE	2413	21200	24303	3103
3404916	CROSSROADS BENA	11		N PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE	2413	21200	24303	3103
3404916	CROSSROADS BENA	11		H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT NOT ELIGIBLE ON SERVICE  DATE	2413	21200		3103
3404916	CROSSROADS BENA	11		N PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE	2413	21200		3103
3404916	CROSSROADS BENA	11 11 8505		H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	2413	21200		3103
3404916	CROSSROADS BENA	11		N PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE	2413	21200		3103
3404916	CROSSROADS BENA	11 11 8505		H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT WOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	2413	21200		3103

							TOTAL	moma -
PROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8505	552	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				ļ
		21	77	DUPLICATE OF CLAIM-SYSTEM		222	1100	
					1	777	1466	689
		8326	56	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404918		8599	22	DETAIL NOT COVERED BY COMBINAT				
3404918	ROCKINGHAM CO M	0000		ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8935	37	ASTNC INELIGIBLE TO RECEIVE SE	52	201	1649	144
				RVICES IN IPRS.				
		11	29	CITEME MOR PITCIBLE ON CERUICE				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				MARKET TO THE PARTY OF THE PART				
3404919	GUILFORD CO MEN	8599	146	DETAIL NOT COVERED BY COMBINAT				<b> </b>
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE	39	232	1588	135
				RVICES IN IPRS.				
								ļ
		8932	12	CAMINA TARELLATION NO DECENTED OF				
		0932	12	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRO.				
3404920	ALAMANCE CASWEL	8505	1964	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	186	DETAIL NOT COVERED BY COMBINAT	5	2481	3160	67
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	108	DIDENED DEOCESCING MEGESCARY				
		8800	100	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404921	ORANGE PERSON C	8505	599	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		5312	374	PRIOR AUTHORIZED DOLLARS EXCEE	11	1272	2591	131
				DED				
	1	8599	119	DETAIL NOT COVERED BY COMBINAT				-
	+		-	ION OF RECIPIENT, PROVIDER AND			1	-
	†			BENEFIT PACKAGE.				
	1							
3404922	THE DURHAM CENT	11	178	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
		8599	27	DETAIL NOT COVERED BY COMBINAT	0	215	237	2
	1	1		ION OF RECIPIENT, PROVIDER AND				
	1	1	-	BENEFIT PACKAGE.				ļ
	1	8329	10	CLAIM DENIED ATTENDING PROVIDE				
	1		-	R CANNOT BE THE SAME AS				
	†			THE LMA				
	1	1						
3404923	VGFW AREA AUTHO	8505	483	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
					-			
		8800	110	FURTHER PROCESSING NECESSARY,	0	691	1878	118
				PLEASE CHECK FOR CLAIM ON				
	1	1		FUTURE RA'S.				
	1	8599	32	DETAIL NOT COVERED BY COMBINAT				ļ
	1	0723	32	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				ļ
	1	1		BENEFIT PACKAGE.				
	+	1						
	1	1			l	l	l	

PROVIDER NUMBER								
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	610	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	240	FURTHER PROCESSING NECESSARY,	66	1329	2025	0.50
				PLEASE CHECK FOR CLAIM ON	66	1329	3836	250
				FUTURE RA'S.				
		8599	187	DETAIL NOT COVERED BY COMBINAT				
ļ				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926		11	1568	CLIENT NOT ELIGIBLE ON SERVICE				
3404320	SOUTHEASTERN RE	11	1500	DATE				
	G MENTAL HL							
		8505	855	CLAIM DENIED DUE TO INSUFFICIE	62	2725	5008	228
				NT BUDGET				
		143	49	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
1				ELIGIBILITY FILE				
			<del>                                     </del>					-
3404927	CUMBERLAND CO M	8505	854	CLAIM DENIED DUE TO INSUFFICIE				<b> </b>
	HC			NT BUDGET				1
		8800	139	FURTHER PROCESSING NECESSARY,	0	1233	2432	119
		1		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
<b></b>		8599	102	DETAIL NOT COVERED BY COMBINAT				
		0399	102	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
<b></b>				Ballian II Indiana.				
3404929	LEE HARNETT MH/	21	2179	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
	,							
		5404	184	SEVERE DUPLICATE: SAME ATTD PR	0	2575	5449	2874
				OV/PCODE/TOS/DOS/MOD				
<b> </b>								
<b> </b>		0220	89	CLAIM DENIED AMERINDING PROVIDE				
<del>                                     </del>		8329	0.9	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
<b></b>				THE LMA				
3404930	JOHNSTON COUNTY	8931	108	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE	166	227	1947	172
<b></b>				RVICES IN IPRS.				
ļ								
		8599	31	DETAIL NOT COVERED BY COMBINAT				
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	31					
		8599		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC	8599 8505	31	ION OF RECIPIENT, PROVIDER AND				
3404931	MAKE CO HUM SVC BILLING OF			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE				
3404931		8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
3404931				ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE	41	2486	3164	678
3404931		8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	41	2486	3164	678
3404931		8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE	41	2486	3164	67:
3404931		8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE	41	2486	3164	678
3404931		8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE	41	2486	3164	678
3404931		8505	1676	ION OF RECIPIENT, PROVIDER AND BENETT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,	41	2486	3164	678
		8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486	3164	678
3404931	BILLING OF	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON	41	2486	3164	678
	BILLING OF	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486	3164	678
	BILLING OF	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486	3164	671
	BILLING OF	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486		
	BILLING OF	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486	3164	
	BILLING OF	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486		
	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505	1676	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	41	2486		
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 2800	1676 467 135	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***	61	2486		
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 2800	1676 467 135	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	41	2486		
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 8800 0 0	1676 467 135 0	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	0	2486		
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 2800	1676 467 135	ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  FURTHER PROCESSING NECESSARY,	0	2486		
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 8800 0 0	1676 467 135 0	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  NO DATA TO REPORT  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON	0	0	0	
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 8800 0 0	1676 467 135 0	ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  FURTHER PROCESSING NECESSARY,	0	0	0	
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 11 8800 0 0 8505	1676 467 135 0 0 2654	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0	0	0	
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 8800 0 0	1676 467 135 0	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT	0	0	0	
3404932	BILLING OF  RANDOLPH/SANDHI LLS CO MH C	8505 11 11 8800 0 0 8505	1676 467 135 0 0 2654	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON  *** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0	0	0	

				T.		П	1	
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLLDER	PROVIDER NAME	2020	DENTITED	220021222201	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONELOW COUNTY B	8505	248	CLAIM DENIED DUE TO INSUFFICIE				
	ONSLOW COUNTY B EHAVIORAL H		-	NT BUDGET				
	Diniviolate ii							
		8800	164	FURTHER PROCESSING NECESSARY,	3	556	1112	556
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	74	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0				_	
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	332	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	ENIAL REALI							
		8800	51	FURTHER PROCESSING NECESSARY,	17	413	1457	1044
				PLEASE CHECK FOR CLAIM ON	17	413	1437	1044
				FUTURE RA'S.				
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404937	EDGECOMBE NASH	8505	529	CLAIM DENIED DUE TO INSUFFICIE	-			
	MNTL HLTH C			NT BUDGET				
		8800	90	FURTHER PROCESSING NECESSARY,	0	631	679	48
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	5	DUPLICATE OF CLAIM-SYSTEM				
		2.1	2	DOFFICATE OF CHAIN-SISTEM				
3404938	HORM DRA DAIRERO	23	31	SERVICE REQUIRES PRIOR APPROVA				
	VGFW DBA RIVERS			L				
	TONE COUNSE							
		24	15	PROCEDURE CODE, PROCEDURE/MODI	11	58	1475	1417
				FIER COMBINATION OR PROCEDURE		30	1473	1417
				CODE/TYPE OF SERVICE COMBINATI				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404939	NEUSE MENTAL HE	11	49	CLIENT NOT ELIGIBLE ON SERVICE				
	ALTH CENTER			DATE				
		21	4 /	DUPLICATE OF CLAIM-SYSTEM	0	175	1295	1120
		1						
		8621	23	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
	1	1				l .		
				FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
3404941	PITT CO MH/DD/S	8599	278	FOR ADDITIONAL SERVICE.  DETAIL NOT COVERED BY COMBINAT				
3404941	PITT CO MH/DD/S AS CENTER	8599	278					
3404941	PITT CO MH/DD/S AS CENTER	8599	278	DETAIL NOT COVERED BY COMBINAT				
3404941			278	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941		8599 8329	278	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE	26	522	1672	1150
3404941				DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS	26	522	1672	1150
3404941				DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE	26	522	1672	1150
3404941		8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA	26	522	1672	1150
3404941				DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN	26	522	1672	1150
3404941		8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LWA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT	26	522	1672	1150
3404941		8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN	26	522	1672	1150
	AS CENTER	8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM	26	522	1672	1150
3404941	AS CENTER  ROANOKE CHOWANH	8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LWA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE	26	522	1672	1150
	AS CENTER	8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM	26	522	1672	1150
	AS CENTER  ROANOKE CHOWANH	8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LWA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE	26	522	1672	1150
	AS CENTER  ROANOKE CHOWANH	120	45 34 28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE				
	AS CENTER  ROANOKE CHOWANH	8329	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LWA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE	26			
	AS CENTER  ROANOKE CHOWANH	120	45 34 28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE				
	AS CENTER  ROANOKE CHOWANH	120	45 34 28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE				
	AS CENTER  ROANOKE CHOWANH	8329 120 111	45 34 28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER  ROANOKE CHOWANH	120	45 34 28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LWA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT				
	AS CENTER  ROANOKE CHOWANH	8329 120 111	45 34 28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE LMA  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DUPLICATE OF CLAIM-SYSTEM				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8505	156	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		11	70	CLIENT NOT ELIGIBLE ON SERVICE	40	421	1346	923
				DATE				
		8800	41	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		2525	2.50					
3404944	EASTPOINTE HUMA	8505	369	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		0.1	63	DUDY TOWNS OF OUT THE OVORDON				
		21	63	DUPLICATE OF CLAIM-SYSTEM	9	524	1134	610
		8800	46	FURTHER PROCESSING NECESSARY,				
		8800	40	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				FUTURE RA'S.				
2404046		0	0	*** NO DATA TO REPORT ***				
3404946	FOOTHILLS AREAM	U	U	NO DATA TO REPORT				
	ENTAL HEALT							
		0	0					
		0	0		0	0	0	0
3404957		8599	46	DETAIL NOT COVERED BY COMBINAT				
3404337	TIDELAND MENTAL	0333	40	ION OF RECIPIENT, PROVIDER AND				
	HEALTH CTR			BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SE	70	405	4000	000
		0331		RVICES IN IPRS.	70	175	1007	832
				1				<b> </b>
		8932	27	CMTNC INELIGIBLE TO RECEIVE SE				<b> </b>
				RVICES IN IPRS.				<b> </b>
3404979	NEW RIVER AREAM	11	455	CLIENT NOT ELIGIBLE ON SERVICE				l
	H/DD/SA PRO			DATE				l
	,, 041 110							<b> </b>
		8505	290	CLAIM DENIED DUE TO INSUFFICIE	1	788	1362	574
				NT BUDGET	-	700	1302	374
		8800	40	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
	1	1	4	FUTURE RA'S.				1